



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
MHSA HOUSING PROGRAM
SERVICE RESPONSIBILITY and COMMITMENT FORM**

Complete the Service Responsibility and Commitment Form as indicated and submit the completed form along with the Mental Health Services Act (MHSA) Housing Program Certification Application and other required documents to the Housing Policy and Development Unit (HP&D). If the referring agency is not the mental health provider, the referring agency must obtain the required signatures from the mental health provider signifying their acceptance of the service responsibilities and commitment to ensure the provision of appropriate mental health services. Applications submitted without the Service Responsibility and Commitment Form will be considered **“incomplete.”**

SECTION I: REFERRAL SOURCE			
REFERRING AGENCY			SERVICE AREA
ADDRESS	CITY	ZIP CODE	
CONTACT NAME		PHONE NUMBER	
EMAIL		FAX NUMBER	
SECTION II: PROSPECTIVE TENANT & REFERRAL(S)			
APPLICANT	HEAD OF HOUSEHOLD (if different from applicant)		IS NUMBER
NAME OF MHSA HOUSING PROGRAM PROJECT			SERVICE AREA
NAME OF MHSA HOUSING PROGRAM PROJECT			SERVICE AREA
NAME OF MHSA HOUSING PROGRAM PROJECT			SERVICE AREA
SECTION III: MENTAL HEALTH PROVIDER (if different from referring agency)			
CURRENT MENTAL HEALTH PROVIDER			SERVICE AREA
ADDRESS	CITY	ZIP CODE	
CASE MANAGER		PHONE NUMBER	
EMAIL		FAX NUMBER	
SECTION IV: RESPONSIBILITIES OF THE MENTAL HEALTH PROVIDER			
<p>The program manager/director is responsible for the following:</p> <ol style="list-style-type: none">1. Ensure that the prospective tenant will have assigned staff who will provide appropriate community-based mental health services consistent with the requirements of the treatment program including but not limited to the following:<ul style="list-style-type: none">• Case Management Services• Mental Health Services• Psychiatric and Medication Support2. Ensure that the assigned staff will do the following:<ul style="list-style-type: none">• Coordinate case management activities and other mental health services including but not limited to assisting with completing required documents, accompanying the prospective tenant to required meetings, conducting quarterly home visits (at a minimum) and include housing related goals on Client Care Coordination Plan.• Respond to requests from the property manager and/or onsite service staff regarding concerns about the client's welfare and/or potential lease violations. Conduct and report ongoing assessments to monitor progress and provide appropriate interventions.3. Ensure the provision of mental health services to prospective tenants selected for occupancy outside their current Service Area until they have been successfully transferred to another mental health provider or by taking necessary action to ensure the coordination of an appropriate transfer prior to occupancy. A prospective tenant maintains the right to choose their mental health provider.4. Ensure that HP&D receives quarterly updates regarding changes in homeless/housing status and notify HP&D prior to closing mental health services' file. Report any concerns regarding the operations of the housing project.			

By signing below, I am affirming my acceptance of the service responsibilities and commitment to adhere to the statements stated above and certifying that the applicant stated above is currently receiving mental health services through this agency.

Program Manager/Director

Print Name

Email Address

Phone Number

Date